

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09782937	FILING DATE 2-14-01			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/					51				
2		/				52				
3		/				53				
4	/					54				
5		/				55				
6		/	.			56				
7		/				57				
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36		/				86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	3					TOTAL IND.				
TOTAL DEP.	33					TOTAL DEP.				
TOTAL CLAIMS	36					TOTAL CLAIMS				